

PTO/SB/31 (04-05)
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| NOTICE OF APPEAL FROM THE EXAMINER TO | | | Docket Number (Optional) | |
| THE BOARD OF PATENT APPEALS AND INTERFERENCES | | | 4614-0149PUS1 | |
| | In re Application of Ole THASTRUP et al. | | | |
| Ole Thas I Rup et al. | | | | |
| | | | | |
| Application Number | | ···· | Filed | |
| 10/072,036-Conf. #3012 | | | February 5, 2002 | |
| For A METHOD FOR EXTRACTING QUANTITATIVE INFORMATION RELATING TO AN INFLUENCE ON A CELLULAR RESPONSE | | | | |
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| | Art Unit 1633 | | Examiner M. D. Bı | urkhart |
| | 1000 | | 141. 0. 01 | uikilait |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | |
| | | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) | | | \$ | 500.00 |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2448 . I have enclosed a duplicate copy of this sheet. | | | | |
| | | | | |
| x A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | |
| I am the | | 1 | | |
| applicant /inventor. | | 47 | med alic | #42,874 |
| assignee of record of the en | | | Signatur | e |
| is enclosed. (Form PTO/SE | | | Leonard R. Svensson | |
| | | | Typed or printe | d name |
| x attorney or agent of record. Registration number 30,3 | 330 | | | |
| | | | (703) 205-8000 | |
| attorney or agent acting under 37 CFR 1.34. | | | Telephone number | |
| Registration number if acting under 37 CFR 1.34 June 1, 2006 | | | | |
| NOTE: Signatures of all the investors are | agging on of second of the con- | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | |
| x *Total of forms a | re submitted. | | | |

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